

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED  
OMB NO. 0938-0193**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

9 8 - 0 1 8

2. STATE:

Wisconsin

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

October 1, 1998

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

SSA Section 1905(a)(19)

7. FEDERAL BUDGET IMPACT:

a. FFY 1999 \$ 5,754,036

b. FFY 2000 \$ 5,754,036

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 7, Attachment 4.19B

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Same

10. SUBJECT OF AMENDMENT:

Targeted Case Management for Child Welfare Clients in Out-of-Home Care

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Peggy L. Bartels

14. TITLE:

Administrator, Div. of Health Care Financing

15. DATE SUBMITTED:

16. RETURN TO:

Peggy L. Bartels, Administrator  
Division of Health Care Financing  
P.O. Box 309  
Madison WI 53701**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

12/23/98

18. DATE APPROVED:

2/15/01

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

Oct. 1, 1998

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Cheryl A. Harris

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR  
DIVISION OF MEDICAID AND CHILDREN'S HEALTH

23. REMARKS:

## 7. End Stage Renal Disease

(The Department shall pay the lesser of the provider's usual and customary charges or a maximum rate established by the Department.)

All covered legend drugs associated with this service shall be reimbursed at the lower of the provider's usual and customary charge, or the estimated acquisition cost of the product plus a dispensing fee. Reimbursement for certain multi-source drugs may be subject to federal or state maximum acquisition cost (MAC) limits. Drug prices are to be calculated based on the package size from which the prescription was dispensed as indicated on the NDC number. The only exception are those drugs for which quantity minimums are specified by federal regulations.

8. Case Management Services  
EPSDT

Providers are reimbursed by a flat fee which is a percentage of the provider's average cost, established by the Department.

Effective 4-8-86

9. Case Management Services  
Community Care Organizations

For case management services performed by Community Care Organizations, reimbursement will be made through the per diem rate as established by the department.

Certified providers will be reimbursed upon submission of an appropriate claim form, documenting recipient eligibility and services provided. This is true for all other MA-certified providers. Payments made from Title XIX funds for MA eligible clients will be appropriately matched with state and local funds, and will not duplicate other federal or state payments or match requirements.

Effective 10-1-86

9a. Case Management Services  
Target Group N

This rate applies to clients in Target Group N where the child has been placed in substitute (out-of-home) care. The Department's proposal requires no change in the definition of the existing group and the benefits remain the same.

The rate methodology will employ the Random Moment Time Study (RMTS) as a tool in developing the monthly rate per client. The billing process will be established in such a manner as to prevent the processing of duplicate billings for the same client for the same service period. This will be accomplished by installing edits between procedure codes in the MMIS system. The methodology also contains a provision for adjusting the rate to an actual cost basis after completion of the Federal Fiscal Year. The Department's Cost Allocation Plan will be amended to ensure the avoidance of duplicate claiming between TCM and Title IV-E.

Effective 10-1-98

TN #98-018  
Supersedes  
TN #98-010

Approval Date \_\_\_\_\_

Effective Date 10-1-98

CH12031.MP/SP

10. Case Management Services  
All Other Target Populations

Providers are reimbursed at a uniform statewide contracted hourly rate for each hour of allowable assessment, case planning or ongoing monitoring services. The rate is based on the statewide average rate for a social worker with annual increases based on the Consumer Price Index.

Effective 7-1-93

11. Home Health Services

The maximum fee schedule is based on the Medicare cost reports filed with the fiscal intermediary, Blue Cross/Blue Shield United of Wisconsin by each home health agency. The fiscal intermediary took the cost per visit from the settled Medicare cost reports for state fiscal year 1990 and brought these costs to the common period of June 30, 1990. The costs were further adjusted for inflation to 1992. These rates were arrayed by discipline from high to low. A maximum fee per visit, per discipline was set so that 58% of the certified home health agencies have their Medicaid costs met.

Eff. 6-29-96 Payments will be made at the lesser of usual and customary agency charges, or maximum allowable fees. These rates include travel, recordkeeping, RN supervision and other administrative costs as well as direct care expenses. In comparing established rates-per-visit to inflated costs, it is anticipated that some agencies may receive reimbursement equal to or exceeding their individual anticipated costs per discipline. It should be noted that at no time will an agency be reimbursed more than its usual and customary fee or the WMAP maximum rate, whichever is less.

12. Hospice Care Services

A "hospice cap" or maximum amount will be established by the Department for aggregate payments made to a hospice provider on behalf of all MA recipients enrolled in that hospice during a hospice cap period. The Department will also establish room and board rates to reimburse a hospice for those recipients enrolled in hospice who are residing in a nursing home.